

Recommended Screening

For Suspected Acute Child Physical Abuse


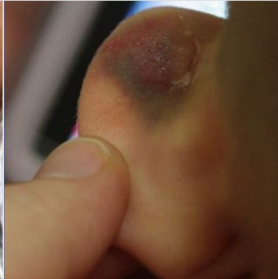


0-6 Months	2-4 Years
Head CT without contrast	Labs (CBC w/ diff, CMP, Lipase, PTT, PT, INR)
Skeletal survey	<ul style="list-style-type: none"> Consider CPK for extensive bruising, multisystem trauma, forced position holding, or prolonged exercise as punishment
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Report to CPS and/or law enforcement	Consider Head CT without contrast if: <ul style="list-style-type: none"> Skull fracture(s) Extensive bruising of the face/head Altered mental status
	Consider skeletal survey for burns, developmental delay, or extensive trauma
7-23 Months	≥ 5 Years*
Skeletal survey	Labs (CBC w/ diff, CMP, Lipase, PTT, PT, INR)
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*Work up in the ≥ 5 years group is optional and should be based on a combination of history, the child's report of symptom, and observed injuries.






Child Abuse Recognition






TEN 4 FACES P

TEN-4-FACES-P is a validated screening tool used to identify injuries in children ≤ 4 years old that are highly concerning for physical abuse, and further medical work-up should be considered.

TEN (Torso, Ear, Neck)			
Torso	Ear	Ear	Neck
			

4 Bruises in the **TEN** distribution in a child under 4 years old, or ANY bruise in an infant less than 4.99 months old

FACES (Frenulum, Angle of Jaw, Cheek, Eyelids, Subconjunctival Hemorrhage)				
Frenulum (Mouth)	Angle of Jaw	Cheek	Eyelid	Subconjunctival Hemorrhage
				

P (Patterned Injuries)				
Unidentified Object	Patterned Injury with Loop Mark	Classic Buttock Spank: vertical lines adjacent to gluteal cleft	Slap Mark	Grip Mark (Abusive squeezing)
				

Signs of Abusive Head Trauma (AHT; Formerly Known as Shaken Baby Syndrome)

- AHT is easily missed because it often presents with no visible external injuries
- AHT may present with 1 or more of the following:
 - Bulging fontanelle and/or rapidly increasing head circumference
 - Bruising or swelling of the face or head
 - Poor feeding and/or persistent vomiting without other viral or medical symptoms
 - Excessive crying, sleeplessness, **or** lethargy
 - Change in mental status or unresponsiveness, including brief & resolved
 - Apnea or change in breathing, including brief & resolved
 - New onset of seizures in children under 3 years of age

Consider transfer to a higher level of care for:

- Trauma team consult
- Child Abuse Pediatrics consult
- Sexual Assault Nurse Examiner (SANE) consult if evidence collection is indicated for suspected sexual abuse.
- If subconjunctival hemorrhage present or intracranial hemorrhage is found, consult ophthalmology for a dilated fundoscopic examination.

If an injury concerning for physical abuse is found through this screening, further evaluation with a pediatric abuse provider is highly recommended.

Contact a Child Abuse Provider

Child Abuse Referral and Evaluation (CARE) Clinic

Sanford Health
Fargo, ND
701-234-4515 or 1-877-647-1225

Child`s Voice Child Advocacy Center

Sanford Health
Sioux Falls, SD
605-333-2226

Center for Safe and Healthy Children

Hennepin County Medical Center
Minneapolis, MN
800-424-4262

Center for Safe and Healthy Children

University of MN Masonic Children`s Hospital
Minneapolis, MN
612-273-7233

Midwest Children`s Resource Center

Children`s Hospital and Clinics of MN
St. Paul, MN
651-220-6750

This document doesn't substitute an expert medical evaluation, nor should it take the place of medical decision making. Please consult a medical provider with expertise in child abuse if the patient presents with injuries that are concerning for abuse.

